

Fairfax County Department of Community and Recreation Services  
FY 2003 Athletic Field Improvement Program  
**Request for Field Improvement**

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**Name of Organization:** \_\_\_\_\_

**Name of person requesting improvement:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Project Priority #** \_\_\_\_\_

**Location of Field for Improvement Consideration:** \_\_\_\_\_

**Current Use of Field by Organization**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Use-practices only        | <input type="checkbox"/> Use-practice/limited games | <input type="checkbox"/> No use            |
| <input type="checkbox"/> Total # teams using field | <input type="checkbox"/> Total # games scheduled    | <input type="checkbox"/> Other uses: _____ |

**Projected Use of Field with Improvements**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Total # teams projected | <input type="checkbox"/> Total # games scheduled | <input type="checkbox"/> Other uses: _____ |
|--|--|--|

Friends of Field Agreement: yes \_\_\_\_\_ no \_\_\_\_\_ willing to obtain an agreement: yes \_\_\_\_\_ no \_\_\_\_\_

**Estimated Cost of Project:** \_\_\_\_\_

**Proposed Field Improvements**

Description - please be as detailed as possible and provide a diagram. Attach contractor's estimates, if available.

**Approval of School Principal**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **Field Profile**

School: \_\_\_\_\_

Organization: \_\_\_\_\_

Field # and location: \_\_\_\_\_

### **Diamond field** (check all that apply)

- ☐ 90' field
- ☐ 60' grass infield
- ☐ 60' skinned infield
- ☐ Overlay

- ☐ Backstop
- ☐ Dugouts
- ☐ Sideline fencing
- ☐ Outfield fencing
- ☐ Player benches

- ☐ Irrigation
- ☐ Quick coupler - location \_\_\_\_\_
- ☐ In ground system
- ☐ Bleachers
- ☐ Electrical outlet - \_\_\_\_\_
- ☐ Lighting

### **Rectangular field** (check all that apply)

Field size \_\_\_\_\_

- ☐ Permanent goals
- ☐ Bleachers
- ☐ Overlay

Used for

- ☐ micro soccer (4x4)
- ☐ mini (7x7)
- ☐ small (U11-12)
- ☐ full size (U13-adult)

Irrigation -

- ☐ Quick coupler- location \_\_\_\_\_
- ☐ In ground system

Is rotation of fields possible: \_\_\_\_\_

Hazards (i.e., playground proximity) \_\_\_\_\_

Is adequate parking available: \_\_\_\_\_

### **Existing Playing Field Surface** (check all that apply)

- ☐ Level area
- ☐ Good drainage
- ☐ Goal mouth good
- ☐ - little grass
- ☐ - no turf

- ☐ Less than 40% turf cover
- ☐ More than 60% turf cover
- ☐ Turf clumps –
- ☐ - unsafe
- ☐ - marginal

- ☐ Rocky surface
- ☐ - unsafe
- ☐ - marginal
- ☐ Infield needs skinning
- ☐ Infield needs renovation

Other Characteristics of Field (depressions, holes) \_\_\_\_\_

Describe any regular maintenance your organization provides for this field \_\_\_\_\_

Describe any other improvement efforts your organization has done or is planning on this field \_\_\_\_\_

